## PART B - FEE(S) TRANSMITTAL

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05/27/2004

Ansel M. Schwartz Suite 304 201 N. Craig Street Pittsburgh, PA 15213

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Tracey L. Milka	(Depositor's name)
gracy L. Milke	(Signature)
August 26, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/904,144	07/12/2001	Alfred Blalock Bahnson	HOUCK-8	2387	

TITLE OF INVENTION: SUPPRESSION OF NON-BIOLOGICAL MOTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES: ŝeë	sxxx 665. 3 s300 statement filed on July 12, 2		sxxxx\$965 2001. (asserted	08/27/2004
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	( 1235476	4 /
TATE, CHRIST	OPHER ROBIN	1654	435-004000	-	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		correspondence agents firm (hagent) attorne	or up to 3 registered patent a OR, alternatively, (2) the name aving as a member a registered and the names of up to 2 regist or agents. If no name is listed printed.	ttorneys or 1 Ansel of a single attorney or 2 ered patent	l M. Schwartz

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Deposit Account Number 19-0737

Automated Cell, Inc.

Pittsburgh, Pennsylvania

Please check the appropriate assignee c	category or categories	s (will not be printed on the patent);	individual	Ճ corporation or other private group entity	government	
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):				
☑ Issue Fee		🖫 A check in the amo	unt of the fee(s)	is enclosed.		
☑ Publication Fee	10	☐ Payment by credit card. Form PTO-2038 is attached.				
X Advance Order - # of Conies	10	The Director is he	The Director is hereby authorized by charge the required fee(s), or credit any overnayment			

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(Authorized Signature)	S(ate)	20	04				
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08/31/2004 MMEKONE1 00000073 09904144

01 FC:2501 665.00 OP 02 FC:1504 300.00 OP 03 FC:8001 30.00 DP

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